

CERTIFICATE OF DEATH

REGISTRAR'S No.

1788

OF DEATH
AND
RESIDENCEIDENT
SONAL
ATA230
CAUSE
OF
DEATH
(M 18)ATIONS,
TOPSYICAL
ICATIONDEATH
DUE TO
EXTERNAL
VIOLENCEONER'S
ICATIONERAL
CTOR
ND
STRAR

1. PLACE OF DEATH A. COUNTY <u>Pima</u>		B. LENGTH OF STAY IN THIS TOWN <u>19 yrs.</u> IN ARIZONA <u>19 yrs.</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Pima</u>			
C. CITY OR TOWN <u>Tucson</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Tucson</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tucson Medical Center</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>1502 E. Allen Rd.</u>			
E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Truman</u>		B. (MIDDLE) <u>W.</u>		C. (LAST) <u>Wheeler</u>			
4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>			
6B. NAME OF SPOUSE <u>Louise</u>		7. DATE OF BIRTH MONTH <u>2</u> DAY <u>3</u> YEAR <u>98</u>		8. AGE (IN YEARS) LAST BIRTHDAY <u>66 yrs.</u>			
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Electrician</u>		IF UNDER 1 YEAR MONTHS <u></u> DAYS <u></u>		IF UNDER 24 HRS. HOURS <u></u> MIN. <u></u>			
9B. KIND OF BUSINESS OR INDUSTRY <u>Electric</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Kansas</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>-----</u>		13. SOCIAL SECURITY NO. <u>518-03-6578</u>					
14A. FATHER'S NAME <u>George L. Wheeler</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>New York</u>		15A. MOTHER'S MAIDEN NAME <u>Ella Anderson</u>			
15B. BIRTHPLACE (STATE OR COUNTRY) <u>Illinois</u>		16. INFORMANT'S SIGNATURE ADDRESS <u>Mrs. T. W. Wheeler, Tucson By: V. Jorum</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>September 19, 1964</u>			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL-CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Pulmonary Emphysema</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Silicosis</u> DUE TO (C) <u></u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>Many years</u> <u>Many years</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>2-13, 1959</u> TO <u>9-19, 1964</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>9-18, 1964</u> AND THAT DEATH OCCURRED AT <u>3:00 A.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <u>M. D. Jorum</u>		(DEGREE OR TITLE) <u>M.D.</u>		22B. ADDRESS <u>Tucson, Arizona</u>			
22C. DATE SIGNED <u>9-23-64</u>		23A. ACCIDENT (SPECIFY) <u></u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u></u>			
23C. (CITY OR TOWN) (COUNTY) (STATE) <u></u>		23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u></u> M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
23F. HOW DID INJURY OCCUR? <u></u>		24A. CORONER'S SIGNATURE <u></u>		24B. ADDRESS <u></u>			
24C. DATE SIGNED <u></u>		25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> <u>9-22-64</u>		25B. DATE <u>9-22-64</u>			
25C. NAME OF CEMETERY OR CREMATORY <u>Grantwood Mem. Park</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Arizona</u>					
26A. DATE REC. LOCAL REG. <u>9-24-64</u>		26B. REGISTRAR'S SIGNATURE <u>Jorum</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Verna E. Jorum</u>			
27B. ADDRESS <u>Arizona Mortuary</u>		28A. EMBALMER'S SIGNATURE <u>Leland F. Baker</u>		28B. EMBALMER'S CERT. NO. <u>507</u>			